



PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re: Patent Application of:

Inventor(s): Stuart Hall  
Filed: January 9, 2002  
Serial No.: 10/042,771  
Confirmation No.: 6940  
Group Art Unit: 2863  
Examiner: Sun, Xiuqin  
Docket Number: 10020244-1  
Title: METHOD AND APPARATUS FOR DISPLAYING  
HELP SCREEN INFORMATION FOR  
MEASUREMENT DEVICE

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

### CERTIFICATE OF MAILING / FAX TRANSMISSION

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[ ] transmitted by facsimile to the U.S. Patent and Trademark Office to Examiner: \_\_\_\_\_

at Fax Number: \_\_\_\_\_

RENEE' MICHELLE LARSON

(Applicant, Assignee or Reg. Representative)

Signature

December 8, 2003

Date

### RESPONSE TO OFFICE ACTION

Dear Sir:

#### INTRODUCTORY COMMENTS:

This communication is in response to the office action mailed on September 8, 2003. Applicant's respectfully request reconsideration.

Application No. 10/042,771  
Attorney Docket No. 10020244-1

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AGILENT TECHNOLOGIES, INC.  
Legal Department, DL429  
Intellectual Property Administration  
P. O. Box 7599  
Loveland, Colorado 80537-0599



ATTORNEY DOCKET NO. 10020244-1

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Title: METHOD AND APPARATUS FOR DISPLAYING HELP SCREEN INFORMATION FOR MEASUREMENT DEVICE

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TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

<input checked="" type="checkbox"/> Response/Amendment	<input type="checkbox"/> Petition to extend time to respond
<input type="checkbox"/> New fee as calculated below	<input type="checkbox"/> Supplemental Declaration
<input checked="" type="checkbox"/> No additional fee (Address envelope to "Mail Stop Non-Fee Amendments")	
<input checked="" type="checkbox"/> Other: <u>Return Receipt Postcard</u>	(Fee \$ _____)

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS		MINUS		=	X 18	\$
INDEP. CLAIMS		MINUS		=	X 86	\$
<input type="checkbox"/> FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ 290	\$
EXTENSION FEE	1 <sup>ST</sup> MONTH 110.00 <input type="checkbox"/>	2 <sup>ND</sup> MONTH 420.00 <input type="checkbox"/>	3 <sup>RD</sup> MONTH 950.00 <input type="checkbox"/>	4 <sup>TH</sup> MONTH 1480.00 <input type="checkbox"/>		\$
					OTHER FEES	\$
					TOTAL ADDITIONAL FEE FOR THIS AMENDMENT	\$

Charge \$0 to Deposit Account 50-1078. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account 50-1078 pursuant to 37 CFR 1.2.5. Additionally please charge any fees to Deposit Account 50-1078 under 37 CFR 1.16, 1.17, 1.19, 1.20 and 1.21. A duplicate copy of this transmittal letter is enclosed.

Respectfully submitted,

By   
Renee Michelle Larson

Attorney/Agent for Applicant(s)

Reg. No. 36,193

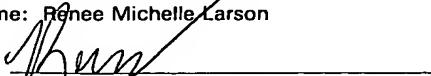
Date: December 8, 2003

Telephone No. 301-668-3073

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Date of Deposit: December 8, 2003

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